

Approved By: _____

HVAC / MECHANICAL PERMIT APPLICATION

Date Approved:

COMMERCIAL RESIDENTIAL Date: Check No .: Permit No.: Job Location Address: Owner's Name: Address: Zip: State: Town: Work Phone: Fax: Phone: License No.: Contractor: Address: Zip: Town: State: Fax: Work Phone: Phone: License No.: Architect: License No.: Engineer: Is this a change of use? Yes No Type of Constr.: Use Group: Describe the work to be performed: Construct: New ☐ Alter ☐ Addition BTU / HR: Type of Fuel: Burner & Boiler: Make: BTU / HR: Type of Duct: Furnace: Make: BTU / HR: Make: Other system: Material: Gas line size: Size: Make: Air Conditioning: ON ALL NEW WORK A HEAT LOSS SHALL BE SUBMITTED AT THE TIME OF APPLICATION Estimated Cost Agent/Contractor Signature: ___ State Educ. Fee Permit Fee Owner Signature: Inspection Fee Total